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ABSTRACT

An ecological model derived from family systems theory and strategies borrowed from family therapy are effective substitutes for the medical model and clinical methods traditionally used by school pyschologists to help children with academic or behavior problems. Behavior is an outgrowth of interpersonal processes in a particular system rather than the product of the child's intrapsychic processes, attitudes, physical defects, or history. The ecological model focuses on problem resolution in the school or classroom; behavioral changes are promoted through the restructuring of interpersonal transactions in the school environment. Deviant academic or social behavior in the classroom results from and is maintained by the system within the school, which assigns roles and defines behavioral expectations to preserve its own homeostasis. In the proposed model, sessions involving the child, teacher, administrator, and parents transform adversarial relationships into relationships marked by shared responsibility for mutually desired outcomes. School psychologists must abandon their traditional linear approach, which focuses on why behaviors occur, and adopt a systems approach that looks at the "what" and "when" of behavior during the conference session to increase their effectiveness in promoting system changes. (Author/CS)

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SYSTEMS INTERVENTION AND SCHOOL PSYCHOLOGY

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The practice of school psychology in the United States through the 1970s has been influenced by the American child guidance movement of the 1940s and the 1950s with its focus on saving the individual child (Brodkin, 1980), and by state and federal mandates which define the services to be provided to children who are hypothesized to be handicapped because they fail to function successfully in the regular classroom. The medical model, traditionally employed by school psychologists (Minor, 1972), is the foundation of the mental health approach as well as the legislation under which the school psychologists operate (Dunn, 1973). In this model, behaviors or conditions which prevent or impede pupil progress in school are seen to originate in the pupil or its family and are defined in terms of disabilities such as mental retardation, emotional disturbance, and various physical impairments. Multi-discipline Child Study Teams are required to use clinical methods to confirm or reject teachers' assumptions that particular pupils are too "handicapped" to benefit from full-time education in the regular classroom (P.L. 94-142, Note 1). In particular, "the school psychologist's function has been one of determining the nature of....hypothesized defect(s) and (of) devising necessary remedial or treat-

ment strategies...to remove or alleviate (them)" (Minor, 1972, p. 227). Thus, school psychologists working with other professionals in the school setting have designated children, whom the regular teachers cannot handle, as learning disabled. As a result, many youngsters who experience mild to moderate difficulties in learning or in adjusting to a classroom or school have been placed in the special education system which was originally developed to meet the needs of the severely handicapped (Dunn, 1973).

There is no question but that the traditional use of the medical model and prescriptive special education remains appropriate for moderately and extremely handicapped children whose educational needs are very different from those of the majority of children and youth (Dunn, 1973). However, we can be less sure about the effectiveness of using the same model and clinical methods for the evaluation and treatment of children whose problems in school are less severe. Although these latter children may be considered handicapped in the sense that they are not learning as expected in the regular classroom, and although placement in more supportive special education programs fulfills their immediate educational needs, labeling them to assign the responsibility for their educa-

tional progress to someone other than the regular classroom teacher is not always in their long range interest. Nor does the practice improve the classrooms or schools from which they are taken (Dunn, 1973). Moreover, recent court decisions in California (Larry P. v. Riles, Note 2) and New York (Lora v. Bd. of Ed., Note 3) have set precedents which challenge traditional referral and evaluation procedures when applied to children whose ethnic or racial backgrounds differ from that of the white middle class core culture upon which American public education is based.

Changes in referral criteria, test batteries, and evaluation methods (Keller, 1980), made in response to the precedents set by the courts, may correct methodological deficiencies and provide all referred children with the non-discriminatory assessment mandated under P.L. 94-142. Increased prescription and use of supportive special education programs such as supplemental instruction and resource rooms may keep more children in "the least restrictive environment" (P.L. 94-142, Note 1) and reduce, to a degree, the impact of labeling on those kept in the "mainstream". However, unless school psychologists begin to move beyond the medical model which holds "that children, whose academic or social behavior deviates from the

cultural mores of the classroom or...school system, possess some defect which has resulted in their failure to function successfully" (Minor, 1972, p. 227), they will continue to overclassify and to overplace children who are deviant rather than defective. School psychologists will also remain neither able to help the public education system accommodate in the mainstream those who behave or learn differently nor able to assist to increase its potential to effectively educate such children in the regular classroom (Dunn, 1973).

A Proposal to Use an Ecological Model and Strategies Borrowed from Family Therapy

An ecological model, which focuses on the critical interaction of individual behavior with its surrounding environment, appears to be more appropriate to the task of assisting classrooms and schools accommodate the children who have been unable to function successfully in the mainstream than the medical model traditionally used by school psychologists (Carlson, Scott, & Eklund, 1980; Hobbs, 1975; Minor, 1972). In particular, strategies derived from family systems theory and borrowed from family therapy (Aponte, 1976, Note 6; Bowen, 1976; Guerin, Jr., 1976b; Haley, 1976a; Minuchin, 1974) are proposed for assessment of deviant academic and social behavior,

and for systems intervention and improvement of classrooms, because they are seen to be more effective than the medical model and clinical methods currently in use in the schools.

The proposal to use strategies borrowed from family therapy, for systems intervention in the schools, is not suggesting that the family therapy approach be substituted for conventional methods when diagnosing and treating referred children as has been recommended by others (Smith, Note 4; Steiner, Note 5). It is felt that the family therapy approach per se, with its assumption that a dysfunctional family produces deviant school behavior, remains focused on the mission of saving the child and merely extends the focus of the medical model from defective child to damaged family (Brodkin, 1980), and the locus of treatment from private or clinic family therapist to school psychologist. Rather the ecological model and methods suggested here differ from previous approaches in that they focus on problem resolution in the classroom and system change in the school itself. Thus, the model and the associated techniques proposed provide for the needs of the individual child and attempt to improve the institution so that it can better serve all children.

General Characteristics and Application of the Proposed Ecological Model

The ecological model, proposed for current purposes, views behavior in school as an outgrowth of the interpersonal processes in the particular system in which it is embedded instead of the sole product of the referred child's intrapsychic processes, attitudes, physical defects, history, or family (Aponte, 1976; Belsky, 1980; Bronfenbrenner, 1977; Carlson, Scott, & Eklund, 1980; Hobbs, 1975; Minor, 1972). Deviant academic or social behavior in the classroom is seen to result from and be maintained by a system within the school, which assigns roles and defines behavioral expectations and function-related activities of faculty as well as children to preserve the system's normal functioning or homeostasis (Aponte, 1976; Carlson, Scott, & Eklund, 1980; Guerin, Jr., 1976a; Jackson, 1968). In short, it is the system which includes the child that has failed, not the child alone. Interdependent interpersonal processes which include the assigned roles and functions of administrators, teachers, and pupils, (as well as school psychologists), the academic and behavioral demands of the setting, and the skills and competencies that the child brings to the

situation are all viewed as parts of the ecological system that has produced and maintained the deviant social or academic behavior in the school. By adopting this model, the school psychologist can extend the foci of his or her assessment and intervention beyond referred child, its family members, and the school-family interface. Family therapy strategies created for family systems intervention, can be borrowed to restructure the interpersonal systems in the school that participate in the maintainance of undesirable and non-productive behaviors thereby improving classrooms and schools for all children.

Although the proposed ecological model and related strategies for intervention focus on changing the interpersonal systems within the school rather than dealing with the child's intrapsychic processes, physical or cognitive conditions or limitations, or his or her home environment, they do not ignore the impact that these personal factors have on the system which operates in the school. Nor do they overlook the contribution made to the system by the community or culture. The model recognizes that behavior in any system in the school is multiply determined by forces at work in the individual, in his or her family, in the school, and in the community

and culture in which the individual and the school are embedded (Belsky, 1980). Further, it sees as particularly important, the specific community context in which the individual and the school function, for it is this context which has defined how the individual will develop from time of birth (Aponte, Note 6; Belsky, 1980), and which has actuated the system in the school by developing characteristic patterns for it to use when carrying out the operations that have been assigned to it (Aponte, 1976).

Use of the ecological model which views behavior in a particular setting as an outgrowth of a multiply determined system forces the school psychologist to examine all the forces which contribute to an environmental context at a specific point in time. The model also provides him or her with a means of thinking about ways to increase the probability that the system within the school can be helped to respond more positively in given situations (Hobbs, 1975). By applying the model, intervention by means of techniques borrowed from family therapy can proceed in school, independent of families if necessary, and focus on those aspects of the system in the school that are dysfunctional because they promote and maintain the behaviors that are inappropriate to learning.

Some Contributions of the Family System Theory to the Ecological Model

The concepts and observations of family systems which have been contributed t. the ecological model by workers in the field of family therapy appear to be as applicable to the systems which support and maintain non-productive behaviors in the school as they are to family systems. Family systems theorists refine the general ecological model being proposed for use in the schools, by conceptualizing each social system as an interacting communication network in which each member influences and, in turn, is influenced by the entire system (Jackson, 1968). They see the patterns and sequences of transactions in the system as regulating the system and maintaining its normal functioning or homeostasis (Haley, 1976; Jackson, 1968; Minuchin, 1974). They view every interaction in a system as reflecting a power struggle among members and see each communication as a maneuver to define the relationship in the communicator's own favor (Haley, 1976). In addition, they believe that each social system is a set of interlocking systems and subsystems composed of triangles, or "three-person systems", composed of pairs that form and re-form by pulling in a third member to reduce stress in original

paired relationships so that they can be maintained without change (Bowen, 1976a, 1976b).

Family system theorists believe that a system differentiates and carries out its functions through the subsystems composed of individuals or dyads, generations, or sex or function-related persons in the system. Every individual in a system belongs to different subsystems in which he or she has different levels of power and learns differentiated skills. The theorists view the organization of relationships within a system as hierarchial and believe that the complex hierarchial lines are related to the many functions of the system as well as to the generational or power level of each member of the system (Haley, 1976). They further believe that boundaries must be established between generational or power levels of the system if it is to be functional (Minuchin, 1974). They hypothsize that "when an individual shows symptoms, the organization has a hierarchial arrangement that is confused. It may be confused by being ambiguous so that no one quite knows who is his (or her) peer and who is his (or her) superior. It may also be confused because a member at one level of the hierarchy consistently forms a coalition against a peer with a member at another level, thus violating the basic rules of the

organization" (Haley, 1976, p. 103).

As was mentioned before, family systems theorists hold that boundaries of subsystems must be defined sufficiently to allow subsystem members to carry out functions without interference. However, they believe that the boundaries of subsystems must be permeable enough to allow contact between members of the subsystem and with members of other subsystems (Minuchin, 1974). In addition, they hold that members of subsystems fuse to a degree and exhibit complementary operating principles and reciprocal functions that keep the stability of system in balance. For example, members who tend to overfunction may, under stress, take over more or less of the share of responsibility of members who tend to underfunction. In addition, relationship-oriented emotional pursuers balance object-oriented emotional distancers and form the complimentary bonds that operate like seesaws to keep the system stable (Guerin, Jr. & Guerin, 1976).

Family therapists hold that types of interactions between individuals in subsystems and between the subsystems of the larger system take on transactional styles in which boundaries are either clearly defined are too diffuse resulting in enmeshment of members, or are inap-

propriately rigid causing disengagement of members. Enmeshment of subsystem members, or lack of subsystem differentiation, discourages the autonomous exploration and mastery of problems by individuals. Conversely, a system which is overly disengaged tolerates too wide range of individual variations in its members. In enmeshed systems, individual stress, reflected in the behavior of one member, immediately affects ofthers and reverberates across boundaries and is echoed in other subsystems. In disengaged systems, only a high level of individual stress reverberates strongly enough to activate the systems supportive functions (Minuchin, 1974).

The Proposed Ecological Model Summarized

In sum, concepts from family systems theory are incorporated in the ecological model being proposed for use by school psychologists. The model recognizes that, in general, behavior in any system in the school is multidetermined by forces at work in individuals in their families, in the school, and in the community and culture in which the individuals and the school are embedded. However, specific behavior in school is produced and maintained by the interdependent interpersonal processes in the particular system in which the behavior takes place. The model defines the structure of the system in the school

as a communications network in which an invisible set of functional demands organizes the ways in which members of the system interact to regulate and to maintain the system's homeostasis. It sees the system in the school as being organized along hierarchial lines and transactional patterns which underpin its operations and which establish patterns of how, when, and to whom to relate. It postulates that subsystems within larger systems are established to carry out the total system's function. Subsystems are hypothesized to form along generational, power, or function-related lines, and to use triangulation to reduce and maintain the stability of each system and subsystem. Boundaries are seen to form between subsystems to permit them to differentiate sufficiently to perform designated functions. It is further believed that individuals within subsystems exhibit the complementary operating principles and the reciprocal functions that keep the stability of the system in balance. It is felt that if individuals in subsystems become too enmeshed, development of autonomy and ability to master problems is inhibited, and stress experienced by one reverberates throughout the system. On the other hand, it is hypothesized that if individuals in the subsystems are extremely disengaged, too much variation in

behavior is tolerated, and only a high degree of stress activates the supportive functions of the system.

School Intervention through Strategies Borrowed from Family Therapy

Strategies borrowed from family therapy (Aponte, 1976; Bowen, 1976b; Guerin, Jr., 1976b; Haley, 1976; Minuchin, 1974) have particular power for intervention in the schools because of their roots in family systems theory. It is recommended that they be adopted as tools for use in restructuring dysfunctional systems in the school because it is felt that they offer a methodology more specific to direct intervention into the systems in the school that normally inhibits growth or change (Howard, Note 7) than the assessment and consultation methods that have been prescribed by others who employ an ecological approach (Carlson, Scott & Eklund, 1980; Hoobs, 1975; Minor, 1972). These strategies are effective because they have designed for use in the natural group which supports the problem; because they remain both child-centered and child-protective despite their systems approach; and because they permit the worker to rationally and deliberately examine the presenting problem and work towards its resolution in the setting in which it takes

place (Brodkin, 1980). They are adopted, in particular, because their target is the modification of the here and now of the interdependent interpersonal transactions in the school which contribute to the maintainance of the self-defeating and non-productive behaviors which are being inappropriately applied to the solution of a problem. The goal of intervention via family therapy methods is to bring about an alteration in the view of the problem so that a more functional solution can be substituted. Such focused intervention is successful because change induced into any part of the system causes change in the system as a whole (Guerin, Jr., 1976a).

Techniques borrowed from "strategic" or "structural" family therapy (Guerin, 1976a) seem particularly suited for use in systems intervention in the schools because they are based on hypotheses which are as applicable to the interdependent interpersonal systems in the schools as they are to family systems. In particular, "strategic" or "structural" family therapy derived from family systems theory is pragmatic and context-determined in approach, symptom-oriented in focus, and founded on the belief that experience is educational (Guerin, Jr., 1976a). It views the presenting problem as an essential part of the transactional pattern of the system that

has been adopted to keep the system stable. It approaches the individual in the context of the social system that maintains his or her behavior and its interventions are directed towards changing or restructuring the organization of that system. It is based on the premise that when the structure of the system is transformed, the position of the members in the system are altered and their complementary demands and reciprocal functions are modified. Transformation or restructuring of the system leads to change in the way the people of the system relate to each other and, as a result, each person's experience and perception of reality is changed. The positive outcomes of systems intervention come for the challenges that have been made to individual's perception of reality, the alternative possibilities for behavior which are offered and which are demonstrated to work, and members' new experience in using the offered alternative transactional patterns which permit new self-reinforcing relationships to emerge (Minuchin, 1974).

The strategies of system-oriented therapy are shaped by a non-traditional view of how change is produced in an individual. "The premises of psycho-dynamic therapy are that change occurs in the individual through cognitive-affective re-encounter with the introjected past" (Minu-

chin, 1974, p. 91). The premises of behaviorist-oriented treatment are that change occurs in the individual because of an increase in his or her positive reinforcements (Haley, 1976, p. 170). In the range of traditional therapies which include and fall between those having psycho-dynamic and behavorist orientations, it is the responsibility of the therapist to help people change themselves (Haley, 1976; Minuchin, 1974). However, the premises of change are different for the therapist who has a systems orientation. He or she regards himself or herself as an acting and reacting member of the therapeutic system. Change is seen to occur as the result of his or her affiliation with the system and his or her restructuring of the system in a carefully planned way, so as to transform its dysfunctional patterns (Minuchin, 1974, p. 91). Behavior within the system changes because the therapist intervenes and changes the repeating sequencies of communications of the several people who are habitually together (Haley, 1976). "Change is measured in terms of a decrease in the intensity and duration of the reoccurring predictable dysfunction as the process inevitably recycles itself" (Guerin & Guerin, 1976, p. 94).

The systems oriented therapist works in other nontraditional ways. He or she uses his or her self dif-

ferently. The role of reflector, consultant, and advisor is abandoned. Instead, he or she takes on the responsibility of an effector, an arbitrator, and a strategist who actively induces change in a dysfunctional system. His or her focus is no longer the individual and his or her presenting problem. Rather his or her target is change in the interpersonal transactions in the natural group and system in which the presenting problem is embedded. His or her operating clinical territory is the time and space of intervention sessions instead of the history and etiology of the problem and other's descriptions of yesterday's or this morning's behaviors. He or she assists the natural group redefine the presenting symptoms in the precise behavioral terms of a solvable problem rather than personally labeling it in medical or educational terminology which hampers its solution within the system. His or her goal is a workable compromise vis-a-vis the transactions that maintain the presenting problem rather than a solution which gives credence to the system's position that the problem resides in the referred child (Aponte, 1976; Bowen, 1976; Guerin, 1976; Haley, 1976; Minuchin, 1974).

The school psychologist who adopts a systems approach always works in the context of the system which maintains

the non-productive behavior of the referred child. This is not to say that he or she does not work with individuals. On the occassions that he or she does work with them, his or her approach remains ecological in nature, cognitive and educational in tactics and transactional-pattern oriented in focus (Bowen, 1976a). In particular, when working with individuals, the school eschews the "critical expert position" (Guerin, 1976, p. 73). Whenever possible, he or she delays going into classrooms as an outside observer of referred children or teachers, thereby verifying teachers' or others' perceptions that it is the child or the teacher who "owns" the problem. He or she also delays talking to members of the system individually about the referred child and the presenting problem. Instead, he or she opens a case by using a conference format that allows system members to interact with the school psychologist and display the repetitive cycle of transactions that have generated and maintained the problem in school. Any observations or interviews which follow are set in a systems-oriented framework and accomplished as a task assigned to the psychologist as part of his or her therapeutic contract with the group.

Typically, the systems-oriented school psychologist

operates by arranging problem-solving group sessions that include the referred child, his or her teacher, the school administrator, and sometimes the child's parents. Because the school psychologist actively joins the system instead of remaining outside of it, he or she is able to introduce change as it reorganizes itself around his or her presence. Change in the system is furthured as the school psychologist deliberately restructures the group's dysfunctional transactional sequences into more appropriate and productive patterns of response (Minuchin, 1974). The cycle of blame is interrupted, adversarial relationships are modified, negatively perceived affect and behaviors are relabeled positively, symptoms are redefined in solvable terms, and negotiation and task assignment are used to develop shared responsibility for mutually desired outcomes. (Haley, 1976).

Although the systems-oriented school psychologist works towards problem resolution in the system in which the problem occurs, he or she does not lose sight of the reality that referred children differ in their environmental responsibility, the degree of their handicaps, and their need for support services which cannot be supplied by the regular classroom teacher. He or

she recognizes that the referred child's behavior is the result of the interaction between the child's skills and competencies and the expectations for performance in the regular classroom (Hobbs, 1975). Therefore, when the school psychologist redefines the presenting problem into the specific behaviors to be targeted for change, he or she takes into account what the child knows how to do, what the child can learn how to do, what is explicitly or implicitly expected of the child in the classroom or school situation, what is important to the child, the teacher, and other members of the school staff, and what the child and the teacher perceive to be the probable consequences of alternative behaviors on their respective parts (Hobbs, 1975). The school psychologist then works towards restructuring the priorities, roles, and transactions of the significant members of the system so that the perceptions and expectations of each can be altered. He or she aims towards getting the members of the system to come to an agreement about the nature of the problem, the areas in which the system is functioning successfully, and the assets the system has for resolving its own difficulties. He or she then negotiates a workable compromise about what could constitute a solution to the problem in the classroom. His or her goal is to have the

participants of the dysfunctional system enter into a contract in which each accepts responsibility for contributing to the problem and in which each assumes a task that will contribute to its solution in the classroom. He or she then works towards restructuring roles and expectations in that classroom so that more productive behaviors can be acquired and positively reinforced in that setting. If necessary, the school psychologist mobilizes the services available in the school or community that are required for the support of the system and sees that they are delivered in a fashion that does not relieve it of its responsibility to educate the child (Aponte, 1976; Guerin, Jr., 1976; Haley, 1976; Minuchin, 1974).

A few words of caution are offered to school psychologists who wish to use the strategies that have just been described. The systems approach cannot be bought and put on like a new suit of clothes even by the most eclectic school psychologists (Bowen, 1976a, 1976b; Guerin, Jr., 1976a; Haley, 1976; Minuchin, 1974, 1978). The systems orientation is "so different from conventional individual theory that it is difficult to conceptualize and communicate the nuances of the difference" (Bowen, 1976b, p. 223). At minimum, its adoption requires that

school psychologists abandon the linear model that underlies both the psychodynamic and behavioral approaches and that focuses on the "whys" of behavior. "In the linear approach, the behavior of the individual is seen as sparked by others. It presumes an action and a reaction, a stimulus, and a response, or a cause and effect" (Minuchin, 1978, p. 20). To be successful using strategies borrowed from family therapy, school psychologists must substitute a systems view which requires the observation of how and to what extent interpersonal transactions govern each person's range of behavior in the system. While they can continue to look at the individual, they must look at that individual in context and ask "what" questions: What is happening under what circumstances and what other behaviors are possible or can become possible? They must conceptualize each part of the system as being organizing and being organized by other parts of the system and recognize each individual's behavior as simultaneously being caused and causative (Haley, 1976, p. 20).

Successful adoption of the systems approach also requires that school psychologists reconceptualize the basic premises under which they operate. For example, their child advocacy position must change from rescuer of child-

ren who cannot meet the standards of the regular classroom to protector of these children's rights to be different in that setting (Dunn, 1972, p. 35). They must also abandon the mental health rationale left over from the 1940's and 1950's which holds that children who have experienced frustration and failure in school cannot begin to learn until their self-confidence is restored in special education programs that offer individual nurture, rudimentary academics, and social skills training (Dunn, 1972, p. 155). Instead, they must substitute a more contemporary mental health view which takes into account the long lasting negative effects that even the most benign special education placements have on the child's image. Last but not least, they must abandon their traditional practice of reacting to the system as it is while dissociating from what their prescriptions fail to achieve. Instead, they must become active participants in the system and accept responsibility for effecting limited but needed changes in it (Haley, 1976, pp. 170-178).

The adoption of suggested changes in concepts regarding the mission of child advocates in the school, the mental health needs of referred children, and the position of the school psychologist in the therapeutic process are pre-requisites of successful application of the

systems approach. Such changes in orientation and approach are also essential to school psychologists who wish to extricate themselves from the role of labeler and placer -- the role assigned to them by the system in its efforts to maintain itself unchanged. Use of the systems approach and new conceptions of the functions of school psychologists are also critical to those who hold that the goal of practice in the schools is the improvement of the educational environment of all children.

Summary and Conclusions

The practice of school psychology through the 1970's has been dominated by the medical model. As a result, many children who have been unable to learn as expected in the regular classroom have been labeled "handicapped" and placed in special education programs. Although traditional use of the medical model and prescriptive special education remains appropriate for moderately and extremely handicapped children, a need exists to find other methods of intervention with children whose learning problems are less severe.

An ecological model derived from family systems theory and strategies borrowed from family therapy appear to be effective substitutes for the medical model and clinical methods traditionally used by school psycholo-

gists. The ecological model and methods suggested differ from previous approaches and applications of systems theory because they focus on problem resolution in the classroom and system change in the school itself.

The proposed ecological model views behavior in school as an outgrowth of the interpersonal processes in the particular system in which it is embedded instead of the sole product of the referred child's intrapsychic processes, attitudes, physical defects, history or family. Deviant academic or social behavior in the classroom is seen to result from and be maintained by a system within the school which assigns roles and defines behavioral expectations and roles to preserve the system's homeostasis.

Strategies borrowed from family therapy are seen to have particular power to effect change in the school because they provide a specific methodology for systems intervention. They require the school psychologist to become an active participant in the system which will reorganize around his or her presence. His or her intervention focus is the system which maintains the child's behavior rather than referred child, family members or school-family interface. Behavioral changes are promoted through the restructuring of the interdependent

interpersonal transactions in the environment in which the behaviors operate. Sessions including child, teacher, administrator, and sometimes parents change adversarial relationships to those having shared responsibility for mutually desired outcomes.

School psychologists must change their theoretical rationales and concepts about the practice of school psychology before they can be successful using strategies borrowed from family-therapy. They must eschew the critical expert position and take an active role in effecting the solution to a problem. They must abandon their traditional linear approach which focuses on why behaviors occurs in favor of the systems approach which looks at the "what" and "when" of behavior in the "here and now" of the conference session. Their child advocacy position must be modified to protector of children's rights to be different. They must see the dangers as well as the benefits of placement. Changes in the premises underlying their practice coupled with a systems approach should lead to an increase in their effectiveness in instituting system change.

Although this paper has focused on the use of systems approach in situations involving referred children, the ecological model and related strategies are also appli-

cable to due process hearings, Child Study Team supervision, teacher inservice, curriculum development and group therapy.

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